

My residence, post office address and citizenship are as stated below next to my name.

REMOVABLE COVER FOR A GLUCOSE METER

(check one)

☐ was filed on _____ as
Application Serial No. _____
and was amended on _____
(if applicable)

Thereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

☐ Yes ☐ No

(Filing Date)

Page 1 Declaration (Rev. 6/01)

material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.) (Filing Date) (Status: patented, pending, abandoned)

(Application Serial No.) (Filing Date) (Status: patented, pending, abandoned)

(Application Serial No.) (Filing Date) (Status: patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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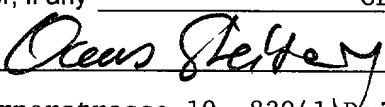
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Full name of fifth joint inventor, if any _____

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Full name of sixth joint inventor, if any _____

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Full name of seventh joint inventor, if any _____

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Full name of eighth joint inventor, if any _____

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(Date)

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Full name of ninth joint inventor, if any _____

Inventor's signature _____
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